

Fill in this information to identify the case:Debtor Name Uptown Dental, PLLC d/b/a Lakeside Dental Solutions

United States Bankruptcy Court for the: Northern District of Texas

Case number: 24-33352☐ Check if this is an amended filing

Official Form 425C

Monthly Operating Report for Small Business Under Chapter 11

12/17

Month: December 2024Date report filed: 01/27/2025
MM / DD / YYYYLine of business: Dental OfficeNAISC code: 6212

In accordance with title 28, section 1746, of the United States Code, I declare under penalty of perjury that I have examined the following small business monthly operating report and the accompanying attachments and, to the best of my knowledge, these documents are true, correct, and complete.

Responsible party: Dr. Rashid Beirute-Prada, DDS, MDSOriginal signature of responsible party /s/ Rashid Beirute-PradaPrinted name of responsible party Dr. Rashid Beirute-Prada, DDS, MDS**1. Questionnaire**

Answer all questions on behalf of the debtor for the period covered by this report, unless otherwise indicated.

Yes	No	N/A
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If you answer No to any of the questions in lines 1-9, attach an explanation and label it Exhibit A.

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1. Did the business operate during the entire reporting period? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you plan to continue to operate the business next month? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you paid all of your bills on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you pay your employees on time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you deposited all the receipts for your business into debtor in possession (DIP) accounts? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you timely filed your tax returns and paid all of your taxes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you timely filed all other required government filings? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you current on your quarterly fee payments to the U.S. Trustee or Bankruptcy Administrator? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you timely paid all of your insurance premiums? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answer Yes to any of the questions in lines 10-18, attach an explanation and label it Exhibit B.

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| 10. Do you have any bank accounts open other than the DIP accounts? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you sold any assets other than inventory? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you sold or transferred any assets or provided services to anyone related to the DIP in any way? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any insurance company cancel your policy? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Did you have any unusual or significant unanticipated expenses? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you borrowed money from anyone or has anyone made any payments on your behalf? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Has anyone made an investment in your business? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Debtor Name Uptown Dental, PLLC d/b/a Lakeside Dental SolutionsCase number 24-33352

17. Have you paid any bills you owed before you filed bankruptcy?

☐ ☒ ☐

18. Have you allowed any checks to clear the bank that were issued before you filed bankruptcy?

☐ ☒ ☐**2. Summary of Cash Activity for All Accounts****19. Total opening balance of all accounts**\$ 35,417.13

This amount must equal what you reported as the cash on hand at the end of the month in the previous month. If this is your first report, report the total cash on hand as of the date of the filing of this case.

20. Total cash receipts

Attach a listing of all cash received for the month and label it *Exhibit C*. Include all cash received even if you have not deposited it at the bank, collections on receivables, credit card deposits, cash received from other parties, or loans, gifts, or payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit C*.

Report the total from *Exhibit C* here.\$ 114,510.52**21. Total cash disbursements**

Attach a listing of all payments you made in the month and label it *Exhibit D*. List the date paid, payee, purpose, and amount. Include all cash payments, debit card transactions, checks issued even if they have not cleared the bank, outstanding checks issued before the bankruptcy was filed that were allowed to clear this month, and payments made by other parties on your behalf. Do not attach bank statements in lieu of *Exhibit D*.

Report the total from *Exhibit D* here.- \$ 132,414.58**22. Net cash flow**

Subtract line 21 from line 20 and report the result here.

This amount may be different from what you may have calculated as *net profit*.+ \$ -17,904.06**23. Cash on hand at the end of the month**

Add line 22 + line 19. Report the result here.

Report this figure as the *cash on hand at the beginning of the month* on your next operating report.

This amount may not match your bank account balance because you may have outstanding checks that have not cleared the bank or deposits in transit.

= \$ 17,513.25**3. Unpaid Bills**

Attach a list of all debts (including taxes) which you have incurred since the date you filed bankruptcy but have not paid. Label it *Exhibit E*. Include the date the debt was incurred, who is owed the money, the purpose of the debt, and when the debt is due. Report the total from *Exhibit E* here.

24. Total payables\$ 0.00*(Exhibit E)*

Debtor Name Uptown Dental, PLLC d/b/a Lakeside Dental SolutionsCase number 24-33352**4. Money Owed to You**

Attach a list of all amounts owed to you by your customers for work you have done or merchandise you have sold. Include amounts owed to you both before, and after you filed bankruptcy. Label it *Exhibit F*. Identify who owes you money, how much is owed, and when payment is due. Report the total from *Exhibit F* here.

25. **Total receivables** \$ 0.00
(Exhibit F)

5. Employees

26. What was the number of employees when the case was filed? 10
27. What is the number of employees as of the date of this monthly report? 10

6. Professional Fees

28. How much have you paid this month in professional fees related to this bankruptcy case? \$ 0.00
29. How much have you paid in professional fees related to this bankruptcy case since the case was filed? \$ 0.00
30. How much have you paid this month in other professional fees? \$ 0.00
31. How much have you paid in total other professional fees since filing the case? \$ 0.00

7. Projections

Compare your actual cash receipts and disbursements to what you projected in the previous month. Projected figures in the first month should match those provided at the initial debtor interview, if any.

	Column A		Column B		Column C
	Projected	—	Actual	=	Difference
	Copy lines 35-37 from the previous month's report.		Copy lines 20-22 of this report.		Subtract Column B from Column A.
32. Cash receipts	\$ <u>138,868.00</u>	—	\$ <u>114,510.52</u>	=	\$ <u>-24,357.48</u>
33. Cash disbursements	\$ <u>123,357.00</u>	—	\$ <u>132,414.58</u>	=	\$ <u>9,057.58</u>
34. Net cash flow	\$ <u>15,511.00</u>	—	\$ <u>-17,904.06</u>	=	\$ <u>-33,415.06</u>
35. Total projected cash receipts for the next month:	\$ <u>138,868.00</u>				
36. Total projected cash disbursements for the next month:	- \$ <u>123,357.00</u>				
37. Total projected net cash flow for the next month:	= \$ <u>15,511.00</u>				

Debtor Name Uptown Dental, PLLC d/b/a Lakeside Dental Solutions

Case number 24-33352

8. Additional Information

If available, check the box to the left and attach copies of the following documents.

- ☒ 38. Bank statements for each open account (redact all but the last 4 digits of account numbers).
- ☐ 39. Bank reconciliation reports for each account.
- ☒ 40. Financial reports such as an income statement (profit & loss) and/or balance sheet.
- ☐ 41. Budget, projection, or forecast reports.
- ☐ 42. Project, job costing, or work-in-progress reports.



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UPTOWN DENTAL SOLUTIONS PLLC
6705 HERITAGE PKWY
ROCKWALL, TX 75087

Your Business Advantage Relationship Banking Preferred Rewards for Bus Gold

for December 1, 2024 to December 31, 2024

Account number: [REDACTED] 3492

UPTOWN DENTAL SOLUTIONS PLLC

Account summary

Beginning balance on December 1, 2024	\$1,870.34
Deposits and other credits	7,033.04
Withdrawals and other debits	-8,635.32
Checks	-0.00
Service fees	-0.00
Ending balance on December 31, 2024	\$268.06

of deposits/credits: 1

of withdrawals/debits: 4

of items-previous cycle¹: 0

of days in cycle: 31

Average ledger balance: \$1,182.52

¹Includes checks paid, deposited items and other debits



Security tips

Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they're from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.

Scan the code or visit bofa.com/HelpProtectYourself.



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IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Your checking account

UPTOWN DENTAL SOLUTIONS PLLC | Account # 4880 6299 3492 | December 1, 2024 to December 31, 2024

Deposits and other credits

Date	Description	Amount
12/26/24	Online Banking transfer from CHK 9408 Confirmation# 4515089917	7,033.04

Total deposits and other credits **\$7,033.04**

Withdrawals and other debits

Date	Description	Amount
12/05/24	BANK MIDWEST DES:LOAN PMT ID:100383 INDN:DDSPERIO, PLLC, CO ID:1410256760 CCD	-1,250.00
12/27/24	USAA SAV-INTRNT DES:TRANSFER ID:0200859722 INDN:DR RASHID BEIRUTE PRAD CO ID:USAA FT PPD	-5,000.00
12/30/24	USAA CHK-INTRNT DES:TRANSFER ID:0038156202 INDN:DR RASHID BEIRUTE PRAD CO ID:USAA FT PPD	-2,033.04
12/30/24	MASSMUTUAL LIFE DES:INS. PREM ID:000000008748467 INDN:RASHID BEIRUTE-PRADA CO ID:1041590850 PPD	-352.28

Total withdrawals and other debits **-\$8,635.32**

Service fees

Your Overdraft and NSF: Returned Item fees for this statement period and year to date are shown below.

	Total for this period	Total year-to-date
Total Overdraft fees	\$0.00	\$10.00
Total NSF: Returned Item fees	\$0.00	\$0.00

We want to help you avoid overdraft fees. Here are a few ways to manage your account and stay on top of your balance:

- Enroll in Balance Connect™ for overdraft protection through Online or Mobile Banking to help save on overdraft fees and cover your payments and purchases by automatically transferring money from your linked backup accounts when needed.
- Sign up for Alerts (footnote 1) to get an email or text message when your balance becomes low

Please call us or visit us if you have any questions or to discuss your options.

(footnote 1) You may elect to receive alerts via text or email. Bank of America does not charge for this service but your mobile carrier's message and data rates may apply. Delivery of alerts may be affected or delayed by your mobile carrier's coverage.

Account security you can see



Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply.



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Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
12/01	1,870.34	12/26	7,653.38	12/30	268.06
12/05	620.34	12/27	2,653.38		



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UPTOWN DENTAL SOLUTIONS PLLC LLC
6705 HERITAGE PKWY
ROCKWALL, TX 75087

Your Business Advantage Savings Preferred Rewards for Bus Gold

for December 1, 2024 to December 31, 2024

Account number: [REDACTED] 3768

UPTOWN DENTAL SOLUTIONS PLLC LLC

Account summary

Beginning balance on December 1, 2024	\$15,118.36
Deposits and other credits	11,000.18
Withdrawals and other debits	-18,000.00
Service fees	-0.00
Ending balance on December 31, 2024	\$8,118.54

of deposits/credits: 6

of withdrawals/debits: 2

of days in cycle: 31

Average ledger balance: \$10,440.94

Average collected balance: \$10,440.94

Annual Percentage Yield Earned this statement period: 0.02%.
Interest Paid Year To Date: \$1.45.



Tips to help protect yourself from trending scams:

- Hang up if you receive a suspicious call from someone saying they're from the bank. Instead, call the number on your statement or card.
- Neither Bank of America nor the U.S. government will request that you transfer money or share codes to resolve fraud.

Learn more about trending scams.

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IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

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Your savings account

UPTOWN DENTAL SOLUTIONS PLLC LLC | Account # 4880 7810 3768 | December 1, 2024 to December 31, 2024

Deposits and other credits

Date	Description	Amount
12/06/24	Online scheduled transfer from CHK 9408 Confirmation# 1923653786	2,000.00
12/11/24	Online Banking transfer from CHK 9408 Confirmation# 4792875734	3,000.00
12/13/24	Online scheduled transfer from CHK 9408 Confirmation# 1925594295	2,000.00
12/20/24	Online scheduled transfer from CHK 9408 Confirmation# 1927461452	2,000.00
12/27/24	Online scheduled transfer from CHK 9408 Confirmation# 1928945272	2,000.00
12/31/24	Interest Earned	0.18

Total deposits and other credits **\$11,000.18**

Withdrawals and other debits

Date	Description	Amount
12/06/24	Online Banking transfer to CHK 9408 Confirmation# 4249332420	-10,000.00
12/23/24	Online Banking transfer to CHK 9408 Confirmation# 4497351641	-8,000.00

Total withdrawals and other debits **-\$18,000.00**

Daily ledger balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
12/01	15,118.36	12/13	12,118.36	12/27	8,118.36
12/06	7,118.36	12/20	14,118.36	12/31	8,118.54
12/11	10,118.36	12/23	6,118.36		

Account security you can see



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UPTOWN DENTAL SOLUTIONS PA LLC
DBA LAKESIDE DENTAL SOLUTIONS
6705 HERITAGE PKWY
ROCKWALL, TX 75087

Your Business Advantage Relationship Banking Preferred Rewards for Bus Gold

for December 1, 2024 to December 31, 2024

Account number: 9408

UPTOWN DENTAL SOLUTIONS PA LLC DBA LAKESIDE DENTAL SOLUTIONS

Account summary

Beginning balance on December 1, 2024	\$9,839.44
Deposits and other credits	132,510.52
Withdrawals and other debits	-74,784.11
Checks	-58,438.19
Service fees	-15.00
Ending balance on December 31, 2024	\$9,112.66

of deposits/credits: 78

of withdrawals/debits: 81

of items-previous cycle¹: 19

of days in cycle: 31

Average ledger balance: \$11,844.87

¹Includes checks paid, deposited items and other debits



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Equal Housing Lender



Your checking account

UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

Deposits and other credits

Date	Description	Amount
12/02/24	CIGNA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:LAKESIDE DENTAL SOLUTI CO ID:4124013277 CCD PMT INFO:TRN*1*XXXXXXXXX*1591031071\	948.10
12/03/24	Preencoded Deposit	783.75
12/03/24	CIGNA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:LAKESIDE DENTAL SOLUTI CO ID:4124013277 CCD PMT INFO:TRN*1*XXXXXXXXX*1591031071\	148.80
12/04/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	1,817.65
12/04/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	871.20
12/04/24	DELTADNTLINS 3C DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:6942761537 CCD PMT INFO:TRN*1*202412010058647*1942761537*94276~	658.00
12/04/24	DELTA DENTAL MN DES:HCCLAIMPMT ID:9102648892AL MN INDN:DELTA DENTAL MN CO ID:5411905554 CCD PMT INFO:TRN*1*9102648892*5411905554~	615.00
12/04/24	DELTA DENTAL MA DES:PAYMENT ID:5158517 INDN:UPTOWN DENTAL SO CO ID:CXXXXXXXXX CTX PMT INFO:TRN*1*5158517*1CXXXXXXXXX~	98.00
12/04/24	DELTA DENTAL IL DES:DirPay ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:3362612058 CCD PMT INFO:TRN*1*071001733084747*1362612058\	65.60
12/05/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	5,805.20
12/05/24	AETNA AS01 DES:HCCLAIMPMT ID:XXXXX9428 INDN:UPTOWN DENTAL SOLUTION CO ID:1066033492 CCD PMT INFO:TRN*1*824337000083534*1066033492\	112.00
12/05/24	DELTADENTALCA2C DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:6941461312 CCD PMT INFO:TRN*1*202412020093469*1941461312*77777~	73.80
12/06/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	10,665.59
12/06/24	Online Banking transfer from SAV 3768 Confirmation# 4249332420	10,000.00
12/06/24	DELTA DENTAL WA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:6705 HERITA ROCKWALL CO ID:1270937829 CCD PMT INFO:TRN*1*111000023294154*1910621480~	1,652.60
12/06/24	DELTADIC-FEDVIP DES:HCCLAIMPMT ID:9003522276EDVIP INDN:DELTADIC-FEDVIP CO ID:1751233841 CCD PMT INFO:TRN*1*9003522276*1751233841~	1,610.15

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Account security you can see



Check your security meter level and watch it rise as you take action to help protect against fraud. See it in the Mobile Banking app and Online Banking.

To learn more, visit bofa.com/SecurityCenter or scan this code.

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SSM-11-23-0458.C | 6115469

Deposits and other credits - continued

Date	Description	Amount
12/06/24	DDCO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:3840568337 CCD PMT INFO:TRN*1*XXXXXXXXX*3840568337~	209.00
12/06/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	47.30
12/09/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	7,783.60
12/09/24	CIGNA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:LAKESIDE DENTAL SOLUTI CO ID:4124013277 CCD PMT INFO:TRN*1*XXXXXXXXX*1591031071\	1,659.79
12/09/24	AETNA A04 DES:HCCLAIMPMT ID:XXXXX9428 INDN:UPTOWN DENTAL SOLUTION CO ID:1066033492 CCD PMT INFO:TRN*1*824339000168375*1066033492\	161.60
12/10/24	Preencoded Deposit	4,356.40
12/10/24	Preencoded Deposit	1,327.00
12/10/24	DDTN GEN CLAIMS DES:HCCLAIMPMT ID:9100395515LAIMS INDN:DDTN GEN CLAIMS CO ID:1620812197 CCD PMT INFO:TRN*1*9100395515*1620812197~	735.50
12/10/24	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:2326137891 CCD PMT INFO:TRN*1*1165935392*1341858379\	162.13
12/11/24	DELTADNTLINS 3C DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:6942761537 CCD PMT INFO:TRN*1*202412080076925*1942761537*94276~	3,757.50
12/11/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	3,263.84
12/11/24	Cherry DES:Funding ID:1199070 INDN:LDSGeneral CO ID:1822708163 PPD	1,705.01
12/11/24	DELTA DENTAL MA DES:PAYMENT ID:5168801 INDN:UPTOWN DENTAL SO CO ID:CXXXXXXXXX CTX PMT INFO:TRN*1*5168801*1CXXXXXXXXX~	607.00
12/11/24	DELTADENTALNY6Y DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTIO CO ID:1111980218 CCD PMT INFO:TRN*1*202412080123690*1111980218*11198~	481.00
12/11/24	DELTA DENTAL IL DES:DirPay ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:3362612058 CCD PMT INFO:TRN*1*071001733096429*1362612058\	229.45
12/11/24	AETNA AS01 DES:HCCLAIMPMT ID:XXXXX9428 INDN:Uptown Dental Solution CO ID:3066033492 CCD PMT INFO:TRN*1*882434001079689*1066033492\	127.75
12/12/24	SYNCHRONY BANK DES:MTOT DEP ID:534812028594392 INDN:UPTOWN DENTAL SOLUTION CO ID:3061537262 CCD	4,750.00
12/12/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	3,569.44
12/12/24	AETNA A04 DES:HCCLAIMPMT ID:XXXXX9428 INDN:UPTOWN DENTAL SOLUTION CO ID:1066033492 CCD PMT INFO:TRN*1*824344000213966*1066033492\	116.60
12/12/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	108.80
12/12/24	DDMO DES:HCCLAIMPMT ID:202403157687127 INDN:UPTOWN DENTAL SOLUTION CO ID:1430908349 CCD PMT INFO:TRN*1*10271448*1430908349~	91.00
12/12/24	AETNA AS01 DES:HCCLAIMPMT ID:XXXXX9428 INDN:UPTOWN DENTAL SOLUTION CO ID:1066033492 CCD PMT INFO:TRN*1*824344000213964*1066033492\	79.00
12/13/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	2,212.83

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Your checking account

UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

Deposits and other credits - continued

Date	Description	Amount
12/13/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	523.50
12/13/24	DELTADIC-FEDVIP DES:HCCLAIMPMT ID:9003541588EDVIP INDN:DELTADIC-FEDVIP CO ID:1751233841 CCD PMT INFO:TRN*1*9003541588*1751233841~	91.00
12/13/24	DELTADENTALPA6P DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:1231667011 CCD PMT INFO:TRN*1*202412100056663*1231667011*23166~	65.60
12/13/24	DDCO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:3840568337 CCD PMT INFO:TRN*1*XXXXXXXXX*3840568337~	62.00
12/16/24	Preencoded Deposit	10,682.25
12/16/24	Preencoded Deposit	1,976.70
12/16/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	1,186.80
12/16/24	SYNCHRONY BANK DES:MTOT DEP ID:534812028594392 INDN:UPTOWN DENTAL SOLUTION CO ID:3061537262 CCD	1,135.09
12/16/24	CIGNA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:LAKESIDE DENTAL SOLUTI CO ID:4124013277 CCD PMT INFO:TRN*1*XXXXXXXXX*1591031071\	1,008.40
12/16/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	280.00
12/16/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	100.00
12/17/24	ADP PAYROLL FEES DES:ADP FEES ID:377575676048 INDN:XXXXXXXXXUPTOWN DENTAL CO ID:9659605001 CCD	67.35
12/17/24	ADP PAYROLL FEES DES:ADP FEES ID:377575676049 INDN:XXXXXXXXXUPTOWN DENTAL CO ID:9659605001 CCD	67.35
12/18/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	2,306.60
12/18/24	DELTADNTLINS 3C DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:6942761537 CCD PMT INFO:TRN*1*202412150077141*1942761537*94276~	391.00
12/18/24	DELTADENTAL NC DES:HCCLAIMPMT ID:9101440619AL NC INDN:DELTADENTAL NC CO ID:3561018068 CCD PMT INFO:TRN*1*9101440619*3561018068~	94.00
12/18/24	Delta Dental WI DES:DirPay ID: XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:1396094742 CCD PMT INFO:TRN*1*075901561942769*1396094742~	91.00
12/19/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	2,647.11
12/19/24	AETNA AS01 DES:HCCLAIMPMT ID:XXXXX9428 INDN:UPTOWN DENTAL SOLUTION CO ID:1066033492 CCD PMT INFO:TRN*1*824351000211399*1066033492\	264.00
12/19/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	144.00
12/20/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	1,398.20

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Deposits and other credits - continued

Date	Description	Amount
12/20/24	DDPAR DES:HCCLAIMPMT ID:XXXXXXXXX INDN:6705 HERITA ROCKWALL CO ID:2710561140 CCD PMT INFO:TRN*1*XXXXXXXXX*2710561140~	65.60
12/23/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	12,494.77
12/23/24	Online Banking transfer from SAV 3768 Confirmation# 4497351641	8,000.00
12/23/24	CIGNA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:LAKESIDE DENTAL SOLUTI CO ID:4124013277 CCD PMT INFO:TRN*1*XXXXXXXXX*1591031071\	664.00
12/24/24	DELTADNTLINS 3C DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:6942761537 CCD PMT INFO:TRN*1*202412200076843*1942761537*94276~	1,022.00
12/24/24	Cherry DES:PAYMENT ID:adf1a9c365584a0 INDN:LDSGeneral CO ID:1822708163 CCD	620.27
12/24/24	PNC-ECHO DES:HCCLAIMPMT ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:2326137891 CCD PMT INFO:TRN*1*1168150128*1341858379\	309.24
12/24/24	DELTADNTLINS 3A DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:1942761537 CCD PMT INFO:TRN*1*202412200007537*1942761537*AARP1~	241.00
12/24/24	DELTA DENTAL MA DES:PAYMENT ID:5202936 INDN:UPTOWN DENTAL SO CO ID:CXXXXXXXXX CTX PMT INFO:TRN*1*5202936*1CXXXXXXXXX~	91.00
12/26/24	BANKCARD-1205 DES:BTOT DEP ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	1,986.00
12/26/24	DDVA DES:HCCLAIMPMT ID:XXXXXXXXX INDN:UPTOWN DENTAL SOLUTION CO ID:1540844477 CCD PMT INFO:TRN*1*EXXXXXXXXXX*1540844477~	582.50
12/26/24	DDNJ DES:HCCLAIMPMT ID:2575958 INDN:UPTOWN DENTAL SOLUTION CO ID:9151552010 CCD PMT INFO:TRN*1*2575958*1221896118~	182.00
12/27/24	DDMO DES:HCCLAIMPMT ID:202403314526101 INDN:UPTOWN DENTAL SOLUTION CO ID:1430908349 CCD PMT INFO:TRN*1*10294809*1430908349~	105.00
12/27/24	DELTADENTALDC6O DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:1521479587 CCD PMT INFO:TRN*1*202412230014959*1521479587*52147~	91.00
12/30/24	Preencoded Deposit	4,223.04
12/30/24	Preencoded Deposit	2,877.97
12/30/24	AETNA AS01 DES:HCCLAIMPMT ID:XXXXX9428 INDN:UPTOWN DENTAL SOLUTION CO ID:1066033492 CCD PMT INFO:TRN*1*824360000232308*1066033492\	301.20
12/31/24	DELTADNTLINS 3C DES:HCCLAIMPMT ID:789424490001 INDN:UPTOWN DENTAL SOLUTION CO ID:6942761537 CCD PMT INFO:TRN*1*202412270042921*1942761537*94276~	605.00
Total deposits and other credits		\$132,510.52

Withdrawals and other debits

Date	Description	Amount
12/02/24	BANKCARD-1205 DES:MTOT DISC ID:530961100068410 INDN:LAKESIDE DENTAL SOLUTI CO ID:8592126793 CCD	-1,090.39
12/03/24	Dental ROI Assoc DES:6157125992 ID: INDN:Uptown Dental CO ID:0010418067 CCD	-2,295.00
12/03/24	SPECTRUM DES:SPECTRUM ID:4240078 INDN:RASHID PRADA CO ID:0000358635 PPD	-285.64
12/03/24	LEASEDIRECT DES:10339_1 ID:4211592 INDN:UPTOWN DENTAL SOLUTION CO ID:XXXXXXXXX CCD PMT INFO:INV# XXXXXXXXXXXX DUE 12/01/24 REC# 1609565	-266.10

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Your checking account

UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

Withdrawals and other debits - continued

Date	Description	Amount
12/03/24	DENTAL SYSTEMS DES:Drafts ID:264069 INDN:Lakeside Dental Soluti CO ID:9760670221 CCD PMT INFO:20241130 903	-217.35
12/05/24	JB&B Recourse DES:AUTH PAYME ID:G-51BA0D85B9FE4 INDN:Uptown Dental Solution CO ID:1208451038 CCD	-1,527.33
12/06/24	Online scheduled transfer to SAV 3768 Confirmation# 1923653786	-2,000.00
12/06/24	PRINCIPAL-CCAPNL DES:PRIN FINAN ID:384790300100148 INDN:RASHID PRADA CO ID:9INDPNLEFT PPD	-72.19
12/06/24	ADP PAYROLL FEES DES:ADP FEES ID:445074845436 INDN:XXXXXXXXXUPTOWN DENTAL CO ID:9659605001 CCD	-67.35
12/09/24	Adit Advertising DES:Adit Adver ID:ST-U2P7I0X9J7D1 INDN:RASHID BEIRUTE PRADA CO ID:1800948598 CCD	-998.00
12/09/24	LQPAYLLC DES:PROVFEEES ID:000000000000573 INDN:UPTOWN DENTAL SOLUTIONS CO ID:1933383045 CCD PMT INFO:LQ PAY LLC FEE NOVEMBER 2024\	-211.50
12/09/24	NEA, Inc. DES:Payment ID:3309761 INDN:Lakeside Dental Soluti CO ID:7593399754 PPD	-126.86
12/09/24	NEA, Inc. DES:Payment ID:3309761 INDN:Lakeside Dental Soluti CO ID:7593399754 PPD	-15.99
12/10/24	HERTIGAEMOBVEN DES:REMITTANCE ID:105763832090 INDN:UPTOWN DENTAL SOLUTION CO ID:4203050521 WEB	-15,000.00
12/11/24	Online Banking transfer to SAV 3768 Confirmation# 4792875734	-3,000.00
12/13/24	Online scheduled transfer to SAV 3768 Confirmation# 1925594295	-2,000.00
12/16/24	JB&B Recourse DES:AUTH PAYME ID:G-B2766C18827B4 INDN:Uptown Dental Solution CO ID:1208451038 CCD	-800.58
12/16/24	MASSMUTUAL LIFE DES:INS. PREM ID:000000008860654 INDN:LAKESIDE DENTAL SOLUTI CO ID:1041590850 PPD	-410.62
12/17/24	BKOFAMERICA BC 12/17 #000003939 WITHDRWL	-2,500.00
12/17/24	THE HARTFORD DES:INSPMTCL ID:14371517 INDN:UPTOWN DENTAL SOLUTION CO ID:9942902727 CCD	-846.10
12/18/24	ENGIE REG IMMEDI DES:BILL PAY ID:13802690631 INDN: LAKESIDE DENTAL SOLUT CO ID:7529283411 CCD	-668.71
12/20/24	Online scheduled transfer to SAV 3768 Confirmation# 1927461452	-2,000.00
12/23/24	SBA EIDL LOAN DES:PAYMENT ID:0000 INDN:RASHID BEIRUTE-PRADA CO ID:7300000118 CCD PMT INFO:4296387805	-2,202.00
12/23/24	CHASE CREDIT CRD DES:AUTOPAYBUS ID:000000000156593 INDN:BEIRUTE-PRADA RASHID CO ID:4760039224 PPD	-1,000.00
12/24/24	UMB Ext Transfer DES:UMBExtTran ID:LAKESIDE DENTAL INDN:LAKESIDE DENTAL SOLUTI CO ID:OLBEXTRANS WEB	-8,500.00
12/24/24	INTUIT * DES:QBooks Onl ID:2423556 INDN:UPTOWN DENTAL SOLUTION CO ID:0000756346 CCD	-255.84
12/26/24	Online Banking transfer to CHK 3492 Confirmation# 4515089917	-7,033.04
12/27/24	Online scheduled transfer to SAV 3768 Confirmation# 1928945272	-2,000.00

Card account # XXXX XXXX XXXX 1108

12/02/24	PURCHASE 1201 Indeed 100713541 8004625842 TX	-527.11
12/02/24	CHECKCARD 1201 GOOGLE *GSUITE_la 6502530000 CA 55432864336204852733884 RECURRING CKCD 5817 XXXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-53.73
12/04/24	CHECKCARD 1204 JFI *KWIKLY DENTA 6125249268 MN 55125034339170550867267 CKCD 5045 XXXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-603.47

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Withdrawals and other debits - continued

Date	Description	Amount
12/05/24	CHECKCARD 1202 AIR SUPPLY DALLAS TX 85430524339701953333031 CKCD 5085 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-370.90
12/05/24	CHECKCARD 1204 WATER COFFEE DELI 8007285508 FL 55436874339273396460298 RECURRING CKCD 5999 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-36.47
12/05/24	CHECKCARD 1205 JFI *KWIKLY DENTA 6125249268 MN 55125034340171630253848 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-641.58
12/06/24	CHECKCARD 1205 SQ *COSMEDENT, IN 8774174551 IL 55432864340206408606534 CKCD 8021 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-681.05
12/06/24	CHECKCARD 1206 JFI *KWIKLY DENTA 6125249268 MN 55125034341172649550454 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-619.30
12/09/24	CHECKCARD 1207 JFI *KWIKLY DENTA 6125249268 MN 55125034342173736581443 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-628.33
12/12/24	PURCHASE 1212 AMAZON MKTPL*ZR7M 8662161072 WA	-74.63
12/13/24	CHECKCARD 1213 JFI *KWIKLY DENTA 6125249268 MN 55125034348179888019664 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-1,245.05
12/16/24	PURCHASE 1214 AMAZON MKTPL*ZX3S 8662161072 WA	-97.40
12/16/24	CHECKCARD 1214 JFI *KWIKLY DENTA 6125249268 MN 55125034349180946018895 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-1,314.36
12/16/24	PURCHASE 1215 Indeed 101008865 8004625842 TX	-540.82
12/16/24	CHECKCARD 1215 DENTEK SYSTEMS 9724990588 TX 85454914350900012248499 CKCD 7379 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-624.87
12/17/24	CHECKCARD 1216 PY *ADVANTAGE STO 9725470236 TX 05436844352000416746236 CKCD 4225 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-538.55
12/18/24	CHECKCARD 1217 BTS*PATTERSONDENT 8003285536 MN 75418234352217005157992 CKCD 5047 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-4,048.79
12/19/24	CHECKCARD 1218 WATER COFFEE DELI 8007285508 FL 55436874353273532836162 RECURRING CKCD 5999 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-6.48
12/19/24	CHECKCARD 1218 TOKYO HANA ROWLETT TX 55436874354133547148830 CKCD 5812 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-365.89
12/20/24	CHECKCARD 1219 DENTALPOST 6788057820 OR 52653844354718523602374 RECURRING CKCD 7361 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-298.00
12/20/24	CHECKCARD 1219 COSMEDENT INC 8006216729 IL 05227024354300261529152 CKCD 5047 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-381.55
12/20/24	CHECKCARD 1220 JFI *KWIKLY DENTA 6125249268 MN 55125034355187150623899 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-1,182.30
12/23/24	CHECKCARD 1221 JFI *KWIKLY DENTA 6125249268 MN 55125034356188287210500 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-1,327.66
12/26/24	CHECKCARD 1223 AIR SUPPLY DALLAS TX 85430524360701953332522 CKCD 5085 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-94.25
12/26/24	CHECKCARD 1224 JFI *KWIKLY DENTA 6125249268 MN 55125034359192436893593 CKCD 5045 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-625.16
12/31/24	CHECKCARD 1230 GLIDEWELL LABORAT 9494402784 CA 55506294365197804133119 CKCD 8071 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-209.82
12/31/24	CHECKCARD 1230 GLIDEWELL LABORAT 9494402784 CA 55506294365197804133135 CKCD 8071 XXXXXXXXXXXX1108 XXXX XXXX XXXX 1108	-256.00
Subtotal for card account # XXXX XXXX XXXX 1108		-\$17,393.52
Total withdrawals and other debits		-\$74,784.11



Your checking account

UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

Checks

Date	Check #	Amount
12/04/24	2217	-7,008.88
12/06/24	2218	-1,861.07
12/06/24	2219	-2,489.63
12/09/24	2220	-1,424.59
12/06/24	2221	-485.76
12/05/24	2222	-1,358.62
12/09/24	2223	-1,334.21
12/27/24	2224	-222.75
12/06/24	2225	-7,033.04
12/10/24	2226	-623.52
12/13/24	2227	-3,000.00
12/20/24	2228	-3,000.00
12/23/24	2229	-1,000.00

Date	Check #	Amount
12/13/24	2231*	-4,369.07
12/13/24	2232	-500.00
12/20/24	2233	-8,972.77
12/19/24	2235*	-2,539.62
12/20/24	2236	-287.61
12/20/24	2237	-1,210.20
12/19/24	2238	-1,514.99
12/19/24	2239	-361.81
12/20/24	2240	-2,024.06
12/19/24	2241	-1,340.99
12/20/24	2242	-4,000.00
12/23/24	2244*	-475.00

Total checks **-\$58,438.19**
Total # of checks **25**

* There is a gap in sequential check numbers

Service fees

Your Overdraft and NSF: Returned Item fees for this statement period and year to date are shown below.

	Total for this period	Total year-to-date
Total Overdraft fees	\$0.00	\$60.00
Total NSF: Returned Item fees	\$0.00	\$0.00

We want to help you avoid overdraft fees. Here are a few ways to manage your account and stay on top of your balance:

- Enroll in Balance Connect™ for overdraft protection through Online or Mobile Banking to help save on overdraft fees and cover your payments and purchases by automatically transferring money from your linked backup accounts when needed.
- Sign up for Alerts (footnote 1) to get an email or text message when your balance becomes low

Please call us or visit us if you have any questions or to discuss your options.

(footnote 1) You may elect to receive alerts via text or email. Bank of America does not charge for this service but your mobile carrier's message and data rates may apply. Delivery of alerts may be affected or delayed by your mobile carrier's coverage.

The Monthly Fee on your primary Business Advantage Relationship Banking account was waived for the statement period ending 11/29/24. A check mark below indicates the requirement(s) you have met to qualify for the Monthly Fee waiver on the account.

- ✓ \$15,000+ combined average monthly balance in linked business accounts has been met
- ✓ Become a member of Preferred Rewards for Business has been met

For information on Small Business products and services or to link an existing account, please call 1.888.BUSINESS. For more information about the Preferred Rewards for Business program and which fees can be waived based on account eligibility and enrollment, see the Business Schedule of Fees located at bankofamerica.com/businessfeesataglance.

continued on the next page

Service fees - continued

Date	Transaction description	Amount
12/06/24	REMOTE DEPOSIT MONTHLY FEE	-15.00
Total service fees		-\$15.00

Note your Ending Balance already reflects the subtraction of Service Fees.

Daily ledger balances

Date	Balance (\$)	Date	Balance(\$)	Date	Balance (\$)
12/01	9,839.44	12/11	17,408.79	12/20	-81.81
12/02	9,116.31	12/12	26,049.00	12/23	15,072.30
12/03	6,984.77	12/13	17,889.81	12/24	8,599.97
12/04	3,497.87	12/16	30,470.40	12/26	3,598.02
12/05	5,553.97	12/17	26,720.45	12/27	1,571.27
12/06	14,414.22	12/18	24,885.55	12/30	8,973.48
12/09	19,279.73	12/19	21,810.88	12/31	9,112.66
12/10	10,237.24				



UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

Check images

Account number: 4880 4506 9408

Check number: 2217 | Amount: \$7,008.88

Check number: 2218 | Amount: \$1,861.07

Check number: 2219 | Amount: \$2,489.63

Check number: 2220 | Amount: \$1,424.59

Check number: 2221 | Amount: \$485.76

Check number: 2222 | Amount: \$1,358.62

Check number: 2223 | Amount: \$1,334.21

Check number: 2224 | Amount: \$222.75

Check number: 2225 | Amount: \$7,033.04

Check number: 2226 | Amount: \$623.52

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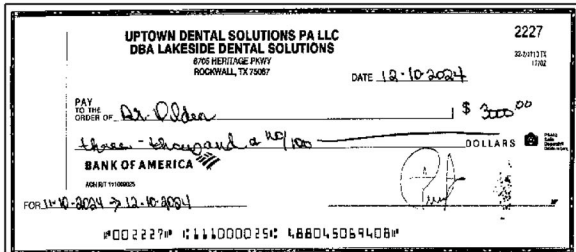


UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

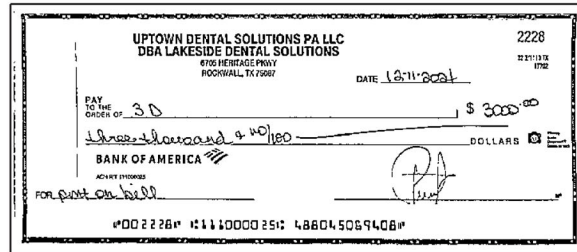
Check images - continued

Account number: 4880 4506 9408

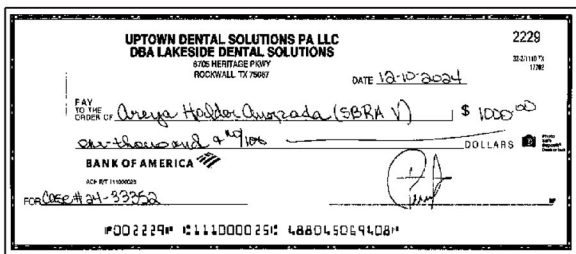
Check number: 2227 | Amount: \$3,000.00



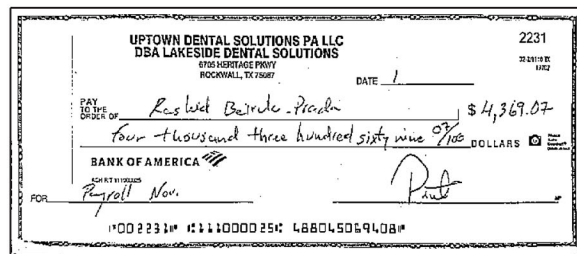
Check number: 2228 | Amount: \$3,000.00



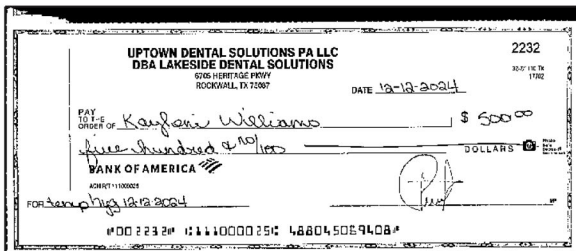
Check number: 2229 | Amount: \$1,000.00



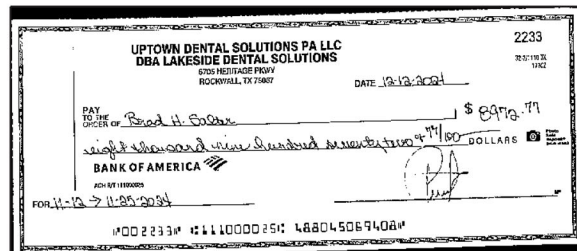
Check number: 2231 | Amount: \$4,369.07



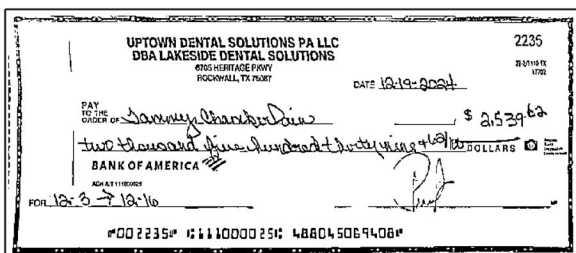
Check number: 2232 | Amount: \$500.00



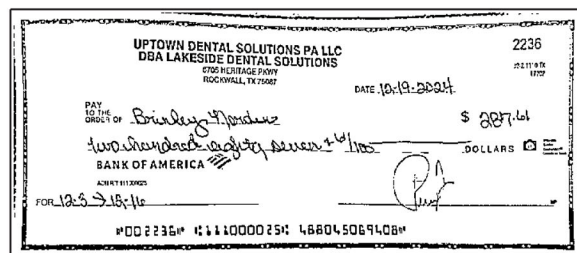
Check number: 2233 | Amount: \$8,972.77



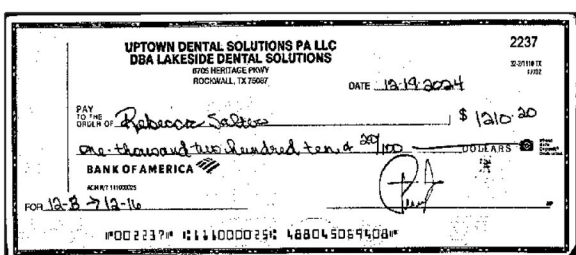
Check number: 2235 | Amount: \$2,539.62



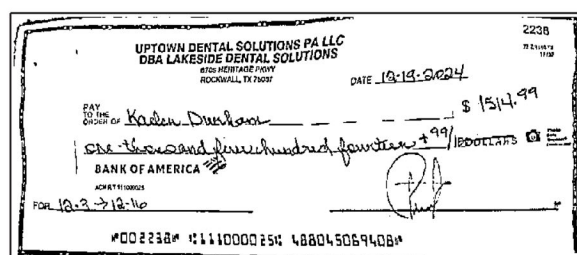
Check number: 2236 | Amount: \$287.61



Check number: 2237 | Amount: \$1,210.20



Check number: 2238 | Amount: \$1,514.99



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UPTOWN DENTAL SOLUTIONS PA LLC | Account # 4880 4506 9408 | December 1, 2024 to December 31, 2024

Check images - continued

Account number: 4880 4506 9408

Check number: 2239 | Amount: \$361.81

UPTOWN DENTAL SOLUTIONS PA LLC
DBA LAKESIDE DENTAL SOLUTIONS
6705 HERITAGE PKWY
ROCKWALL, TX 75087

DATE 12-19-2024

PAY TO THE ORDER OF Debra D. O'Brien \$ 361.81

three hundred sixty one and 81/100 DOLLARS

BANK OF AMERICA

FOR 12-3 → 12-16

ACH# 11100025

⑈002239⑈ ⑆111000025⑆ 488045069408⑈

Check number: 2240 | Amount: \$2,024.06

DBA LAKESIDE DENTAL SOLUTIONS
6705 HERITAGE PKWY
ROCKWALL, TX 75087

DATE 12-19-2024

PAY TO THE ORDER OF Debra D. O'Brien \$ 2024.06

two thousand twenty four and 6/100 DOLLARS

BANK OF AMERICA

FOR 12-3 → 12-16

ACH# 11100025

⑈002240⑈ ⑆111000025⑆ 488045069408⑈

Check number: 2241 | Amount: \$1,340.99

UPTOWN DENTAL SOLUTIONS PA LLC
DBA LAKESIDE DENTAL SOLUTIONS
6705 HERITAGE PKWY
ROCKWALL, TX 75087

DATE 12-19-2024

PAY TO THE ORDER OF Debra D. O'Brien \$ 1340.99

one thousand three hundred forty and 99/100 DOLLARS

BANK OF AMERICA

FOR 12-3 → 12-16

ACH# 11100025

⑈002241⑈ ⑆111000025⑆ 488045069408⑈

Check number: 2242 | Amount: \$4,000.00

UPTOWN DENTAL SOLUTIONS PA LLC
DBA LAKESIDE DENTAL SOLUTIONS
6705 HERITAGE PKWY
ROCKWALL, TX 75087

DATE 12-19-2024

PAY TO THE ORDER OF 3D \$ 4000.00

four thousand and 00/100 DOLLARS

BANK OF AMERICA

FOR 12-3 → 12-16

ACH# 11100025

⑈002242⑈ ⑆111000025⑆ 488045069408⑈

Check number: 2244 | Amount: \$475.00

UPTOWN DENTAL SOLUTIONS PA LLC
DBA LAKESIDE DENTAL SOLUTIONS
6705 HERITAGE PKWY
ROCKWALL, TX 75087

DATE 12/19/24

PAY TO THE ORDER OF Hong Lam \$ 475.00

four hundred and seventy five and 00/100 DOLLARS

BANK OF AMERICA

FOR 12/19/24 - 12/19/24

ACH# 11100025

⑈002244⑈ ⑆111000025⑆ 488045069408⑈

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RETURN SERVICE REQUESTED

00009392 TUMBDS01010125063722 01 000000000 0009396 003

UPTOWN DENTAL SOLUTIONS PLLC DBA
LAKESIDE DENTAL SOLUTIONS
6617 HERITAGE PKWY STE 120
ROCKWALL TX 75087-8750

CUSTOMER SERVICE

- 
Customer Service Phone:
1.866.204.3913
- 
Written Inquiries:
UMB Bank, n.a.
P.O. Box 419226
Kansas City, MO 64141-6226
- 
UMB.com

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SMALL BUSINESS TREASURY SOLUTION

Account Number: XXXXXXXXXX 8505

Account Title(s): UPTOWN DENTAL SOLUTIONS PLLC DBA
LAKESIDE DENTAL SOLUTIONS

Account Summary

Beginning Balance as of 12/01/2024	\$8,588.99	Total Days in Statement Period	31
+ Deposits and Credits (1)	\$8,500.00		
- Withdrawals and Debits (2)	\$17,000.00		
- Service Charges and Fees	\$75.00		
Ending Balance as of 12/31/2024	\$13.99		



Terms and Conditions

All deposits to, withdrawals from or other transactions pertaining to your account(s) are subject to the terms and conditions of the agreement you received when you opened your account and any amendments thereto. Amendments to the agreement may be made from time to time in the manner stated therein.

In Case of Errors or Questions About Your Electronic Transfers: Please contact us at the phone number or address shown on the front of this statement. If you think your statement or receipt is wrong or if you need more information about a transfer on your statement or receipt, we must hear from you no later than 60 days after we have sent you the first statement on which the error or problem occurred. Please (1) tell us your name and account number. (2) describe the error or transfer you are unsure about; (3) explain as clearly as you can why you believe there is an error or why you need more information and (4) tell us the dollar amount of the suspected error. We will tell you the results of our investigation within ten (10) business days after we hear from you and we will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question. If we decide to do this, we will provisionally credit your account within ten (10) days, for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Go Paperless: Sign up for electronic statements today. Statement preferences may be assigned in Online Banking or by calling the customer service phone number on the front of this statement.

Contact information changes: It's important to keep your contact information up-to-date. Update your address, email and phone number in Online Banking or by calling the customer service phone number on the front of this statement.



Transaction Detail

Date	Description	Deposits	Withdrawals
Dec 03	ANALYSIS SERVICE CHARGE(S)		75.00
Dec 05	PRINCIPAL PAYDOWN ON ACT#12027043-101		8,500.00
Dec 23	TRANSFER FROM 9408 EXTERNAL ACCOUNT 12/23	8,500.00	
Dec 27	PRINCIPAL PAYDOWN ON ACT#12027043-101		8,500.00
Totals		\$8,500.00	\$17,075.00

End of Day - Current Balance

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Dec 03	8,513.99	Dec 05	13.99	Dec 23	8,513.99	Dec 27	13.99



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Lakeside Dental Solutions

Balance Sheet

As of December 31, 2024

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
101 BOA Checking x9408	9,112.66
102 BoA Perio Checking #3492	268.06
105 UMB Bank -8505	17,163.99
106 BoA Wealth #3768	8,118.54
Total Bank Accounts	\$34,663.25
Other Current Assets	
121 Employee Advance	0.00
Due to / from Dr Salter	0.00
Total 121 Employee Advance	0.00
129 Loan to Shareholders	1,285,018.41
Loan to Dental School start up	3,393.00
Loan to Healthy Sleep Mgmt	14,158.44
Loan to Lakeside Dental Sleep A	177,622.77
Loan to Mesquite Dental Solutions	86,936.55
Loan to Midway Dental Solutions	163,483.16
Loan to Polaris Dental Solutions	10,000.00
Total 129 Loan to Shareholders	1,740,612.33
132 Prepaid Payroll	0.67
Total Other Current Assets	\$1,740,613.00
Total Current Assets	\$1,775,276.25
Fixed Assets	
130 Furniture & Fixtures - Office	21,218.93
140 Machinery & Equipment - Dental	370,905.12
150 Leasehold Improvements	336,019.71
169 Accumulated Depreciation	-432,596.16
170 Goodwill	627,800.00
171 Restrictive Covenant - Dr. Salt	5,000.00
172 Loan Acquisition Costs	21,656.25
179 Accumulated Amortization	-464,348.06
Total Fixed Assets	\$485,655.79
Other Assets	
180 Rent Security Deposit	5,000.00
Total Other Assets	\$5,000.00
TOTAL ASSETS	\$2,265,932.04

Document Page 33 of 36
Lakeside Dental Solutions

Balance Sheet

As of December 31, 2024

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	
221 Bank of America CC Perio -1802	30,075.04
222 Chase CC - 8131	67,489.60
223 CitiBusiness CC Perio 8664 (Formerly 6372)	19,206.76
224 Bank of America CC #6557	33,817.01
Chase CC -8131 (DO NOT USE)	0.00
Total Credit Cards	\$150,588.41
Other Current Liabilities	
131 Payroll Liabilities	0.00
209 Direct Deposit Payable	0.00
211 Payroll Tax Payable	0.00
2110 Direct Deposit Liabilities	0.00
212 Unemployment Tax Payable	0.00
Total Other Current Liabilities	\$0.00
Total Current Liabilities	\$150,588.41
Long-Term Liabilities	
240 UMB Loan	1,182,177.93
245 BBVA Compass	40,847.05
247 Bankers Healthcare/Equity Bank	0.00
248 Patterson Dental (606.06)	0.00
249 ProHealth Capital -Lease Direct	0.00
252 SBA EIDL Loan	450,500.00
253 SBA PPP Loan	0.00
254 Celtic Bank	0.00
255 Samson Servicing	0.00
256 Kapitus Loan	0.00
258 OnDeck Capital	46,401.81
259 The FundWorks Financial	0.00
262 ReadyCap Lending	443,800.36
263 Ascentium Capital	43,828.32
264 JB&B Cap	21,947.52
265 Bank Midwest # \$1,250.00	-3,750.00
Total Long-Term Liabilities	\$2,225,752.99
Total Liabilities	\$2,376,341.40
Equity	
300 Common Stock	1,000.00
302 Additional PIC	0.00
306 Retained Earnings	1,567.70
310 Distributions	-138,714.51

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Lakeside Dental Solutions

Balance Sheet

As of December 31, 2024

	TOTAL
Net Income	25,737.45
Total Equity	\$ -110,409.36
TOTAL LIABILITIES AND EQUITY	\$2,265,932.04

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Lakeside Dental Solutions

Profit and Loss

December 2024

	TOTAL
Income	
400 Income - Dental	114,375.82
449 Refunds & Allowances	-1,000.00
Total Income	\$113,375.82
Cost of Goods Sold	
452 Medical Supplies	6,042.36
454 Lab Fees	7,217.35
472 Subcontractors	12,162.21
Total Cost of Goods Sold	\$25,421.92
GROSS PROFIT	\$87,953.90
Expenses	
Operating Expenses	
Facility Expenses	
555 Insurance	846.10
590 Rent	15,538.55
595 Repair & Maintenance	623.52
610 Telephone and Communication	285.64
Total Facility Expenses	17,293.81
Marketing Expenses	
500 Advertising	2,363.93
Total Marketing Expenses	2,363.93
Office Expenses	
515 Bank Charges	226.50
526 Computer Expenses	624.87
540 Dues & Subscriptions	142.85
54060 Credit card fees	1,397.49
575 Office Supplies & Expense	524.55
Total Office Expenses	2,916.26
Professional Expenses	
570 Legal & Professional Fees	2,295.00
583 Practice Management	668.71
Total Professional Expenses	2,963.71
Staff Compensation	
605 Taxes - Payroll	45,772.32
Total Staff Compensation	45,772.32
Total Operating Expenses	71,310.03
Total Expenses	\$71,310.03
NET OPERATING INCOME	\$16,643.87

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Lakeside Dental Solutions

Profit and Loss

December 2024

	TOTAL
Other Income	
800 Interest Earned	0.18
Total Other Income	\$0.18
Other Expenses	
Non Operating Expenses	
Doctor Compensation	
616 Meals and Entertainment	365.89
Total Doctor Compensation	365.89
Other Expense	
560 Interest Expense	2,653.07
Total Other Expense	2,653.07
Total Non Operating Expenses	3,018.96
Total Other Expenses	\$3,018.96
NET OTHER INCOME	\$ -3,018.78
NET INCOME	\$13,625.09